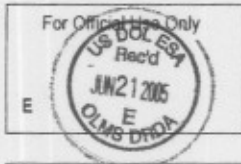


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2225</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>DAVID E. PATTON SR</u> P.O. Box, Bldg., Room No., if any Street <u>4120 BURNEY RD</u> City <u>AUSTINTOWN</u> State <u>OH</u> ZIP Code + 4 <u>44515</u>	4. Name, file number, and address of labor organization. Name <u>SHEET METAL WORKERS LOCAL #33</u> Labor Organization File Number P.O. Box, Building and Room Number, if any Street <u>3666 CARNEGIE AVE</u> City <u>CLEVELAND</u> State <u>OH</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

6-14-05
Date

330-758-3393

Telephone Number

Name of Person Filing <u>David S. B...</u> Name		File Number <u>11-444-1</u>	
Trade Name, if any: <u>Ø</u>		a. Labor Organization <u>Ø</u>	
P.O. Box, Bldg., Room No., if any <u>Ø</u>		b. Trust <u>Ø</u>	
Street _____		c. Employer _____	
City _____			
State _____ ZIP Code + 4 _____			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Ø</u> Street _____ City _____ State _____ ZIP Code + 4 _____		11.a. Nature of such dealing. <u>Ø</u>	
		11.b. Approximate dollar value of such dealing. <u>Ø</u>	
		12.a. Nature of interest held or income received. <u>Ø</u>	
		12.b. Amount. <u>Ø</u>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Ø</u> Street _____ City _____ State _____ ZIP Code + 4 _____		14.a. Nature of payment. <u>Ø</u>	
13.b. Is the Business an Employer _____ or Consultant _____ ?		14.b. Amount of payment. <u>Ø</u>	